

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 27, 2002

ALL COUNTY LETTER NO. 02-24

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL PARTICIPATING FOSTER FAMILY AGENCIES

SUBJECT: INTENSIVE TREATMENT FOSTER CARE PROGRAM QUARTERLY
STATISTICAL REPORT [FC 19 (4/02)]

REFERENCE: ACL 97-47

The purpose of this letter is to transmit the revised Intensive Treatment Foster Care Program Quarterly Statistical Report (FC 19) form and instructions. The Data Systems and Survey Design Bureau (DSSDB) is in the process of revising its report forms and instructions to incorporate additional format standards. These changes in format will make the forms easier to read and understand, and will provide more uniformity among DSSDB reports. As a result of implementing the format standards, minor content and formatting changes have been made to the report's form and instructions. None of the changes affect the items reported.

Enclosed are the form and instructions. Additionally, the form and instructions are available on the California Department of Social Services, Research and Development Division web site located at: <http://www.dss.cahwnet.gov/research/>.

This report continues to be due on the last working day of the month following the report quarter. Therefore, the first revised report, April - June 2002, is due on or before July 31, 2002. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

If you have questions regarding completion of this form, please contact Karen O'Neill of the DSSDB (916) 651-8269. Program related questions should be directed to your Intensive Treatment Foster Care Program analyst, Kay Gibson, at (916) 327-6924.

Sincerely,

***Original Document Signed By
Lois VanBeers on 2/27/02***

LOIS VANBEERS
Deputy Director
Research and Development Division

Attachments

Intensive Treatment Foster Care Program Quarterly Statistical Report

SEND ONE COPY OF THIS REPORT TO:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

FOSTER FAMILY AGENCY NAME						
COUNTY NAME				REVIEW QUARTER AND YEAR		
PART A. CHILDREN				TOTAL BY YEAR AGE GROUP		
	0-3 (A)	4-6 (B)	7-9 (C)	10-12 (D)	13-15 (E)	16-19 (F)
1. Placed in program during the quarter (Items 1a thru 1f).....	1	2	3	4	5	6
Outcomes of children referred to program:						
a. Children returned to a more intensive program.....	7	8	9	10	11	12
b. Children hospitalized.....	13	14	15	16	17	18
c. Children discharged to own home.....	19	20	21	22	23	24
d. Children continuing in placement.....	25	26	27	28	29	30
e. Children moved to less intensive foster care placement.....	31	32	33	34	35	36
f. Children with other outcomes.....	37	38	39	40	41	42
PART B. SERVICES PROVIDED TO CHILDREN AND FAMILIES						
2. In-home support counselor hours.....	43	44	45	46	47	48
3. Psychiatrist hours.....	49	50	51	52	53	54
4. Emergency social work hours.....	55	56	57	58	59	60
5. Families receiving family therapy services during the quarter	61	62	63	64	65	66
6. Families receiving family therapy services on a weekly basis (must be less than or equal to Item 5).....	67	68	69	70	71	72
COMMENTS						
CONTACT NAME (Print)				TELEPHONE ()		DATE COMPLETED
TITLE/CLASSIFICATION				FAX ()		

**INTENSIVE TREATMENT FOSTER CARE PROGRAM
QUARTERLY STATISTICAL REPORT
FC 19 (4/02)**

INSTRUCTIONS

CONTENT

The quarterly FC 19 report contains statistical information, by age group, on the number of children placed in the Intensive Treatment Foster Care Program during the quarter, and the outcomes of the children referred to the program. It also includes data on the type and number by type of services provided to the children and families.

PURPOSE

The FC 19 is designed to gather selected information about the Intensive Treatment Foster Care services provided to children, in accordance with Welfare and Institutions Code §18358, et seq.

This report provides county, state, and federal entities with information needed for budgeting, staffing, program planning, and other purposes.

DUE DATE AND CONTACT

All participating foster family agencies are required to submit the completed report each quarter. The agency is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the agency and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the last working day of the month following the report quarter. Fax or mail reports to:

California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430

FAX: (916) 657-2074

Report data and the report's form and instructions are available on the California Department of Social Services, Research and Development Division web site at: <http://www.dss.cahwnet.gov/research/>. Copies may be printed from the web site.

If you have questions regarding this report, contact the Data Systems and Survey Design Bureau at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided near the top of the form the foster family agency's name, the county name and the report quarter and year.

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank.**

Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.

ITEM INSTRUCTIONS**PART A. CHILDREN**

1. Placed in program during the quarter (Items 1a through 1f): Enter the sum of Items 1a through 1f for each age group. *[Cells 1-6]*

Items 1a through 1f are outcomes of children referred to the program. **The entries should represent the final status of each child during the quarter, resulting in only one entry per child.**

- a. Children returned to a more intensive program: Enter the total number of children, by age, that returned to a more intensive program (i.e., higher level group home) during the quarter. *[Cells 7-12]*
- b. Children hospitalized: Enter the total number of children, by age, that were placed in a hospital or medical facility during the quarter. *[Cells 13-18]*
- c. Children discharged to own home: Enter the total number of children, by age, that were returned to their own home, or the home of a caretaker, during the quarter. *[Cells 19-24]*
- d. Children continuing in placement: Enter the total number of children, by age, that are continuing their placement during the quarter. *[Cells 25-30]*
- e. Children moved to less intensive foster care placement: Enter the total number of children, by age, that were placed in a less intensive program during the quarter (i.e., moved to a foster family home). *[Cells 31-36]*
- f. Children with other outcomes: Enter the total number of children, by age, that left the program for other reasons (e.g., runaway, death, moved to home of relative) during the quarter. *[Cells 37-42]*

PART B. SERVICES PROVIDED TO CHILDREN AND FAMILIES

2. In-home support counselor hours: Enter the total number of in-home support counselor hours, by age of child in placement, during the quarter. *[Cells 43-48]*
3. Psychiatrist hours: Enter the total number of psychiatrist hours, by age of child in placement, during the quarter. *[Cells 49-54]*
4. Emergency social work hours: Enter the total number of emergency social work hours (in person responses), by age of child in placement, during the quarter. *[Cells 55-60]*
5. Families receiving family therapy services during the quarter: Enter the total number of foster families and birth families receiving family therapy services, by age of child in placement, during the quarter. *[Cells 61-66]*
6. Families receiving family therapy services on a weekly basis: Enter the total number of families receiving family therapy services on a weekly basis, by age of child in placement. Item 6 should be less than or equal to Item 5. *[Cells 67-72]*

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data.
- Explain any adjustment entries.
- Provide information as directed in the report instructions.
- Provide any other comments the agency determines necessary.